UNITED STATES

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response... 16.00

OMB APPROVAL

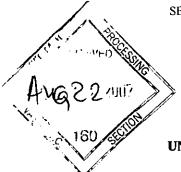
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DATE RECEIVED

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if the	nis is an amendment and name has changed, and indicate change.)	
Tenant in Common Interest in I	raw land-Chinden Road, Ada County, ID	
Filing Under (Check box(es) that apply):	[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6)	[] ULOE
	Type of Filing: [X] New Filing [] Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requeste	d about the issuer	07077811
Name of Issuer ([] check if this DBSI Chinden Road LLC	is an amendment and name has changed, and indicate change.)	
Address of Executive Offices 1550 S. Tech Lane	(Number and Street, City, State, Zip Code) Meridian, ID 83642 Telephone Number 800-678-9110	er (Including Area Code)
Address of Principal Business Op (if different from Executive Office		ber (Including Area Code)
Brief Description of Business Tenant in Common Real Estate		
Type of Business Organization [] corporation [] business trust	[] limited partnership, already formed	
	Month Year	PROCESSED
Actual or Estimated Date of Incor	poration or Organization: [07] [07] [X] Actual [DCT 1 2 2007
Jurisdiction of Incorporation or Or	ganization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [I] [D]	
CENEDAL INSTRUCTIONS		THOMSON FINANCIAL
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X]	Managing Member
Full Name (Last name DBSI Housing, Inc.	first, if individual)	- ··-			
Business or Residence 1550 S. Tech Lane, M		nd Street, City,	State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[X] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name Swenson, Douglas L					
Business or Residence 1550 S. Tech Lane, M		nd Street, City,	State, Zip Code)		
Check Box(es) that Ap	ply: [] Promoter [] l	Beneficial Own	er [X] Executive Offic		General and/or Managing Partner
Full Name (Last name Hassard, Charles E.	first, if individual)				
Business or Residence 1550 S. Tech Lane, M		nd Street, City,	State, Zip Code)		
Check Box(es) that Ap	ply: [] Promoter [] I	Beneficial Own	er [X] Executive Offic		General and/or Managing Partner
Full Name (Last name Mayeron, John M.	first, if individual)	**************************************			
Business or Residence 1550 S. Tech Lane, M		nd Street, City,	State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Full Name (Last name first, if individual) Crown Capital Securities, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 725 Town & Country Road, Suite 530, Orange, CA 92868 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] x $[AK] \times [AZ] \times [AR] \times [CA] \times$ [CO] x [CT] x [DE] x [DC] x [FL] x [GA] x [HI]x[ID] x [IL] x [IN] x [[A]] x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x[MI] x [MN] x [MS] x [MO] x [OH] x [MT] x [NE] x [NV] x [NH] x [NJ] x [NM] x [NY] x [NC] x [ND] x (OK) x [OR] x [PA] x [RI] x [SC] x [SD] x [TN] x [TX] x [UT] x [VT] x [VA] x [WV] x [WI] x [WY] x [PR] [WA] x Full Name (Last name first, if individual) Cullum & Burks Securities, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) One Galleria Tower, Dallas, TX 75240 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] x [AK] [AZ] x [AR] x [CA] x [CT] x [DC] [GA] x [HI] [CO] x IDEI (FL) x [ID] x [IL] x [IN] x [IA] x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x [MN] x [MO] x [MI] x [MS] x [NE] x [NV] x [NH] [NJ] x [NY]x[PA] x [MT] x [NM] x [NC] x [ND] x [OH] x [OK] x [OR] x [SC] x [SD] [RI] [TN] x [TX] x[UT] x [VI][VA] x [WA] x [MV][Wi] x [WY] [PR] Full Name (Last name first, if individual) **Direct Capital Securities** Business or Residence Address (Number and Street, City, State, Zip Code) 1333 2nd Street, Suite 600, Santa Monica, CA 90401 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [x] All States [AL] [DE] [GA] [AK] [AZ] [AR] (DC) [ID] [CA] [CO] CT [FL] [HI][IL] [IN] [IA] [KS] [KY] [MD] [LA] [ME] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] (NC) [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] ILXI [UT] [VI][VA] [WA] [MV][WI] [WY] [PR] Full Name (Last name first, if individual) Finance 500 Business or Residence Address (Number and Street, City, State, Zip Code) 19762 Macarthur Blvd #200, Irvine, CA 92612 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] x [AK] [AZ] x [AR] \times [CA] \times [CO] \times [DE] x [DC] x [GA] x [HI] x [CT] x [FL] x [ID] x [KY] x [IL] x [IN] x [IA] x [KS] x [ME] x [MD] x [MA] x [MN] x [MO] x [LA] x [MI] x [MS] x [MT] x [NE] x [NV] x [NH] [PA] x [NJ] x [NY] x [NC] x [ND] [OH] x [OK] x [OR] x [NM] x [RI] x [SC] x [SD] x [TN] x [TX] x [PR] [UT] x M [VA] x [WA] x WVI x [WI] x WY] x

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Full Na	ame (Las	t name fi	rst, if indi	vidual)										
Steve	n L. Falk 	& Assoc	ciates, In	C.										_
			Address (e, MA 02		and Street	t, City, Sta	ate, Zip C	ode)						
Name	of Assoc	iated Bro	ker or De	aler		-			•					
					d or Inten tes)		cit Purch	asers		[] All State	s		
[AL]	[AK] x	[AZ]	[AR]	[CA] x	[CO] x	[CT] x	[DE]	[DC] x	(FL)	x [GA) x [HI]	[ID]		
[IL] x	[IN]	[IA] x	[KS]	[KY]	[LA]	[ME] x						[MO]		
[MT]	[NE]	[NV] x	[NH]	[NJ] x	[NM]	[NY] x		[ND]	[OH]			[PA] x		
[RI] x	[SC] x	[SD]	[TN] x	[TX]	[UT] x	[VT]	[VA] x	(AW]	([WV]] [WI]	x [WY]	[PR]		

		name fir es Allian	st, if indiv	ridual)	_							
			ddress (I reeley, C			t, City, Sta	ate, Zip C	ode)				
Name	of Associ	ated Brol	ker or De	aler		- 17					· · · · · · · · · · · · · · · · · · ·	
					d or Inten		icit Purcha	asers		[] All State	s
[AL] x	[AK]	[AZ] x	[AR] x	[CA] x	[CO] x	[CT] x	(DE) x	[DC] x	(FL) x	[GA] x	(HI) x	[ID] x
[IL] x	[IN] x	[IA] x	[KS] x	[KY] x	[LA] x	[ME] x	[MD] x	[MA] x	[MI] x	[MN] x	[MS] x	[MO] x
[MT] x	[NE] x	[NV] x	[NH]	[NJ] x	[NM] x	[NY] x	[NC] x	[ND]	[OH] x	[OK] x	[OR] x	[PA] x
[RI] x	[SC] x	[SD] x	[TN] x	[TX] x	[UT] x	[VT]	[VA] x	[WA] x	[VV] x	[Wi] x	[WY] x	[PR]
	•	name fir Services	st, if indiv	ridual)								
Busine 8620 W	ss or Res	sidence A Street, Su	ddress (i uite 200,	Number a	and Stree I Park, K	t, City, Sta S 66210	ate, Zip C	ode)				
Name o	of Associ	ated Brol	ker or De	aler				 				
States	in Which	Person L	isted Ha	s Solicite	d or Inten	ds to Soli	icit Purcha	asers				
(Check	"All State	es" or ch	eck indivi	dual Stat	es)					[x]	All State	s
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[Mi]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use i	blank sh	eet, or co	py and ι	ıse addit	ional cop	ies of thi	s sheet, a	as neces:	sary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify <u>Tenant in Common Interest</u>).	\$ <u>5,722,022,00</u>	\$
Total	\$ <u>5,722,022.00</u>	\$ <u>0</u>
Anguar also in Angondiy Column 2 if filing under ULOE		

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Number Investors Aggregate Dollar Amount

		of Purchases
Accredited Investors	0	\$ <u>0</u>
Non-accredited Investors		\$
Total (for fitings under Rule 504 only)		\$0
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		_\$
Regulation A		_\$
Rule 504		.\$
Total		\$ <u>0</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		[]\$
Printing and Engraving Costs		[X] \$3,000.00
Legal Fees		[X] \$40,000.00
Accounting Fees		[]\$
Engineering Fees		[] \$
Sales Commissions (specify finders' fees separately)		[X] \$ <u>443,457.00</u>
Other Expenses (identify) Marketing, Wholesaling, and Organizational Expenses		[X] \$320,055.00
Total		[X] \$806,512.00
 b. Enter the difference between the aggregate offering price given in response to Part C - expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propos to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payment listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above. 	gross proceeds to ed s	o the \$ <u>4,915,510,00</u>
	Payments to	1
Coloring and form	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees Purchase of real estate	[]\$ [X]\$ <u>242,741</u>	
Purchase, rental or leasing and installation of machinery	[]\$	
and equipment	- -	
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	[]\$	[]\$
pursuant to a merger)	() (rıe
Repayment of indebtedness Working capital	[]\$ []\$	[]\$
Other (specify): Accountable Reserves	[]\$	[X] \$ <u>49,000.00</u>
Acquisition Related Expenses	[]\$	
Due Diligence Analysis Column Totals		
Coluitiii Totals	[X] \$ <u>242,741</u>	<u> ,00 </u>

	D. FEDERAL SIGNATURE	
following signature constitutes an undertaking by the	by the undersigned duly authorized person. If this notice is filed the issuer to furnish to the U.S. Securities and Exchange Commiss or any non-accredited investor pursuant to paragraph (b)(2) of Rule	ion, upon written request
Issuer (Print or Type)	Signature Date	
DBSI Chinden Road LLC, an Idaho LLC	Ade- Clean 8/21/07	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
By DBSI Housing, Inc., its member	Adam Cleary, its Authorized Representative	-
	ATTENTION	. ;
Intentional misstatements or o	missions of fact constitute federal criminal violations. (See 1 1001.)	B U.S.C.

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such	Yes No
rule?	[] [X]"
See Appendix, Column 5, for state response.	

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

E. STATE SIGNATURE

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

DBSI Chinden Road LLC, an Idaho LLC

Name of Signer (Print or Type)

By DBSI Housing, Inc., its member

Signature // Date

8/21/07

Title (Print or Type)

Adam Cleary, its Authorized Representative

 \mathbb{ZND}

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.